

#### Impact of galvanic vestibular stimulation on mood

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## Impact of galvanic vestibular stimulation on mood

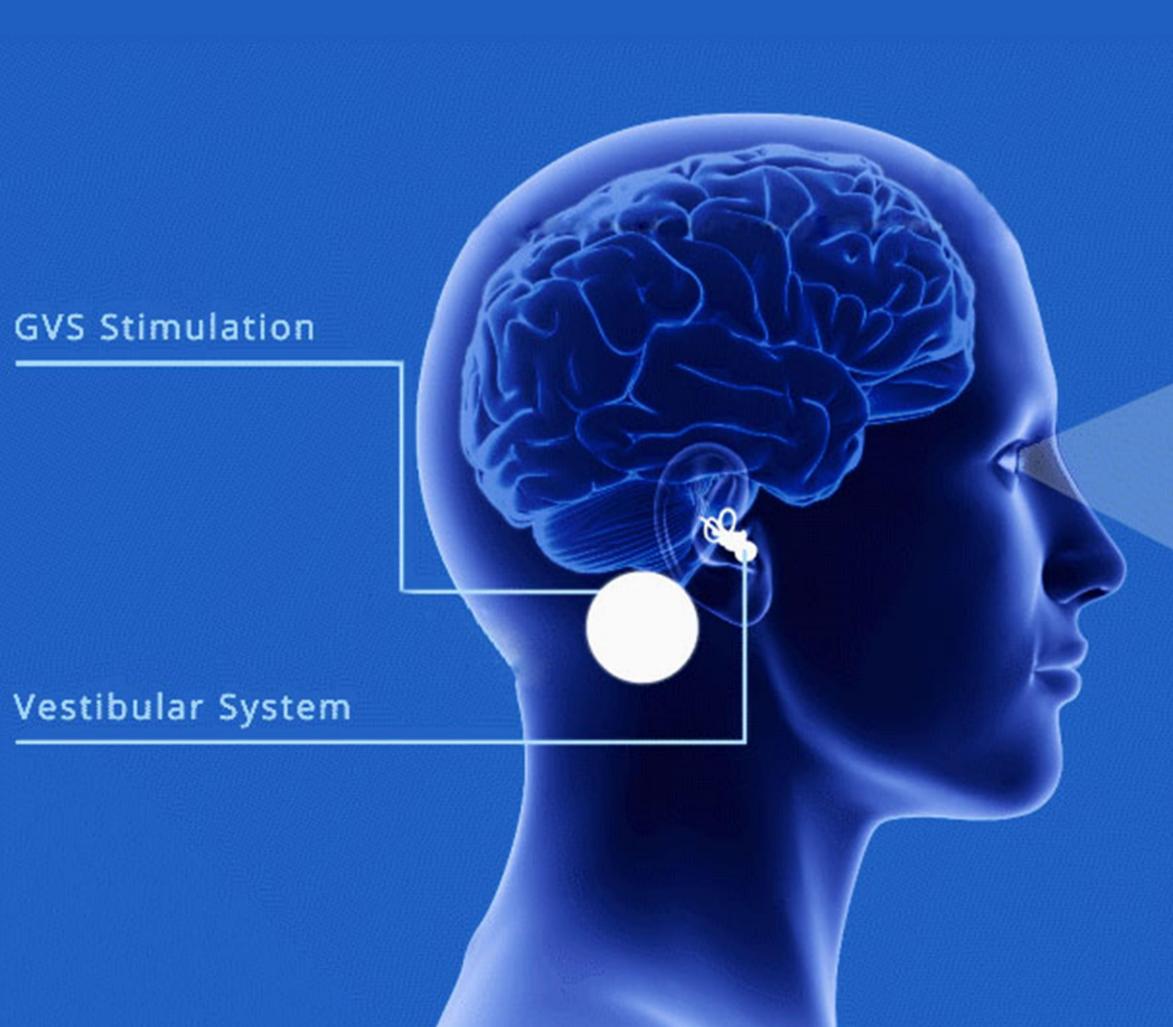
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#### Introduction

Galvanic Vestibular Stimulation (GVS) is a variant of transcranial direct current (tDCS) used to treat depression. In GVS, the electrodes are attached to the mastoids process behind the ears in order to stimulate the vestibular system including vestibular cortex. In addition to its role in gaze stabilization and postural control, the vestibular system has an influence into dimensions of emotion processing, mental health and social cognition. Moreover, several studies demonstrated that vestibular stimulation has a modulating effect on mood, affective control, and especially in anxiety level.

#### Objectives:

- Demonstrate the feasibility of our experimental protocol for clinical treatment (motion sickness).
- Test if the dose (duration) of stimulation has an impact on mood.



#### Discussion

Our results confirm that GVS induces motion sickness symptoms. Vegetative disturbances rated by the participants appeared only for the double-dose session and provoked minor level of motion sickness symptoms.

Present study demonstrates also a significant decrease of anxiety level after a dose of GVS, in a student population. This result corroborates similar findings in the literature. It confirms that vestibular system consists of afferent and efferent connections with most of the brain structures involved in emotional processes, such as insula and prefrontal areas.

Methodological perspectives

**Chronobiological perspectives** 



### Methodology

Participants:

22 students in sport sciences were recruited.

Criteria of exclusion: vestibular disorders, psychiatric diagnoses.



#### Measures :

В

Motion sickness symptoms were assessed by Graybiel scale (*Figure 1.A*). To evaluate mood in particular anxiety, participants completed a Visual Analog Scale/VAS (*Figure 1.B*). Each test was completed before and after GVS.

Category	Pathognomonic 16 points	Major 8 points	Minor 4 points	Minimal 2 points	AQS* 1 point
Nausea syndrome	Vomiting or retching	Nausea† II, III	Nausea I	Epigastric discomfort	Epigastric awarenes
Skin color		Pallor III	Pallor II	Pallor I	Flushing
Cold sweating		III	11	I	
Increased salivation		III	11	I	
Drowsiness Dr.		III	11	1	
Pain Central nervous					Headache
system					·
system					Dizziness:
					Eyes closed ≥ II Eyes open III
	Levels o	Severity Identific	ed by Total	Points Scored	
Frank Sickness	Severe Malaise	Moderate	Malaise A	Moderate Malaise B	Slight Malaise
(S)	(M III)	(M.	IIA)	(M IIB)	(M I)
$\geq$ 16 points	8-15 points	5-7 p	oints	3-4 points	1-2 points

calm anxious

Figure 1: Graybiel scale (A) and the visual analog scale for anxiety (B).

### Experimental design :

3 randomized sessions (sham, dose, double-dose) of stimulation (NeuroConn®, Germany), the same day and the same hour for three consecutive weeks.

The intensity was 1000  $\mu A$  and the polarity was changed four or eight times according to the session.

# Pré-tests: Graybiel scale & VAS anxiety

#### **Stimulation:**

3 sessions of GVS (sham/dose/double-dose), for three consecutive weeks



## Results

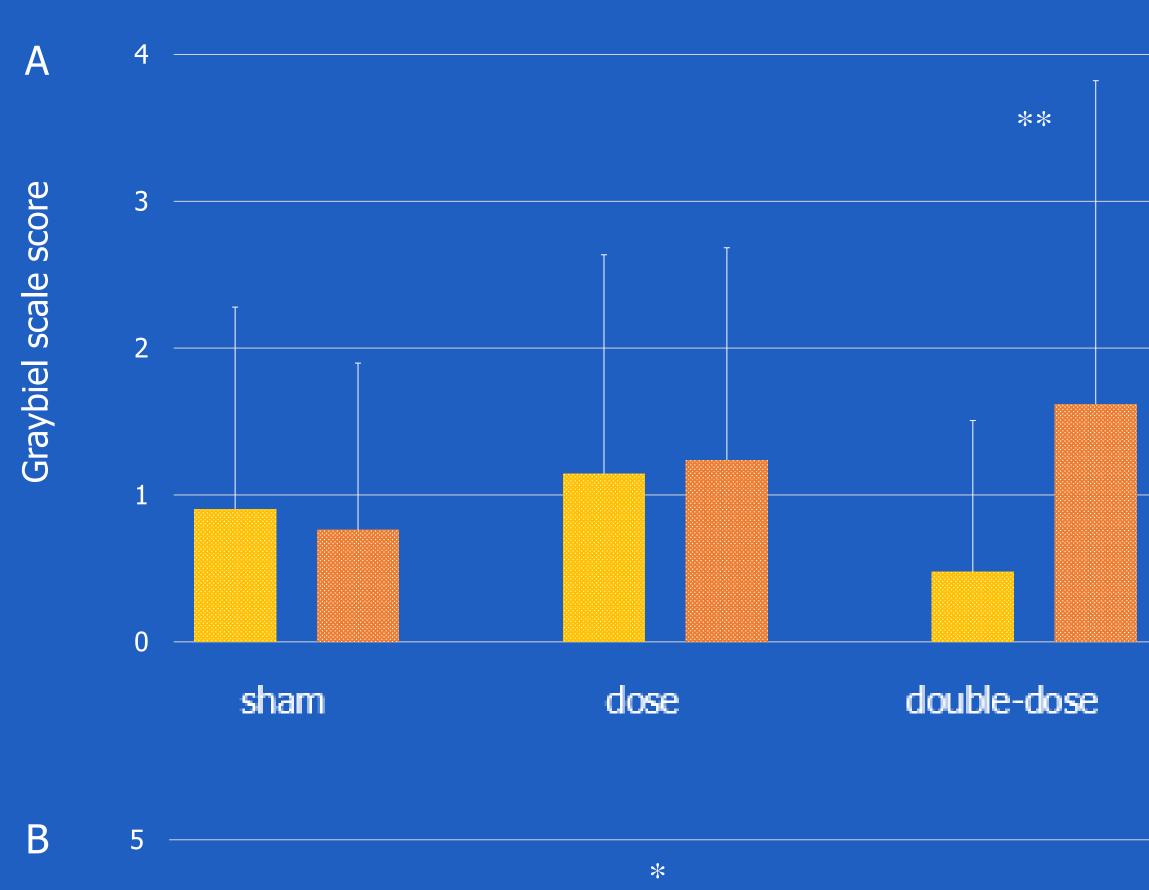




Figure 2: Representations of Graybiel scale score (A) and anxiety score (B) before and after each session.

\* : p < 0.05; \*\* : p < 0.01.

